21602 1004	21736 55		State of Nebraska Investigator's Motor Vehicle Accident Report  Sheet 1 of 2																	
2	Total Number of Vehicles			Local No./ District 59  Agency Case No. B6-047186									HIT & RUN		NVESTIGATION MADE AT SCENE?  XYES NO					
A/1 10 A/2	DATE OF ACCIDENT	M 1	9/2016 S M T W TH F S TIME OF ACCIDENT POLICE 0.705								NO itary Time)	STATE USI								
В	PLACE OF ACCIDENT	OF					NOTIFIED				PRIVATE	05/29/2016								
	ROAD O	N WHIC	H STREET/						PROPERT ONE-WAY					LATITODE						
8 °	DISTANCE	FROM	JKKED				EPOST	STREET?				<u> </u>	LONGITUDE				-			
D 1	IF AT INTERSECTION  NAME OF INTERSECTING ROADWAY				<b>X</b> FE	ET (	IF NO	N S	TERS		EAREST STREE	T, BRIDGE	T, BRIDGE, RAILROAD CROSSING							
V1/M					67.															
20 V2/M	MILES    N   S   E   W   AND   MILES   MILES									-										
20 E	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 CLASSIFICATION CODES 1				S2	S3	S4 S:	5-a S5-b	S6-a	a S6-b	STATE DEPT.	OF ROAD	NT INVOLVE DAMAGE TO DE ROADS' PROPERTY?							
2					]   00.			VE	HICLE	NO. 1				YE	.5 <u>A</u>	) NO			_	
F <b>1</b> V1/N	DRIVER LICENSE DRIVER	LICENSE NO.					PHONE				STATE (Of License)	LOCAL NO		-x -	> FEMALE > MALE	-				
1 V2/N	DRIVER ADDRI	(MM /DD / YYYY)									V1/1 - 18									
1 G	OWNER  DUSTIN  OWNER ADDRI	OUSTIN HERBEK / Melissa Herbek 402-430-0957										V1/2								
2	4445 S	UMNE	JMNER ST, LINCOLN, NE 68506 PENDING X NO									V1/3								
н 5	LICENSE PLATE		YE	SUG612	MAKE		MODEL			BODY S		, ·	COLOR	2016	STIMATED [	(Of P	late)	NE	V1/4	
V1/O 2	VEHICLE ID		1998   Hyundai   Elantra   KMHJF24M7WU739066				tra		4 door Sedan black    INSURANCE COMPANY Allstate					TOTALED \$ 500				V1/5		
V2/O <b>5</b>	TOWED TO TOWED BY							POLICY NO. 110 246 444							18 V1/6					
1								VEI	HICLE	NO. 2			1102						25	
7 V1/P	DRIVER LICENSE DRIVER							PHONE STA' (Of Lies					SEX FEMALE  LOCAL NO.							
8 V2/P	DRIVER ADDRI	ESS CITY, STATE, ZIP				ZIP		DA E (MM /					DF 1				<sup>V2/1</sup> <b>19</b>			
8	OWNER						PHONE					LOCAL NO	V2/2							
01	OWNER ADDRI	WNER ADDRESS CITY, STATE, ZIP				ZIP	CITATION PENDING				NG XNO					V2/3				
V1/Q 3	LICENSE PLATE	YEAR	NO.		MAKE		MODEL			BODY S	TYLE	(Pla	YEAR ate Expires)	IE	STIMATED [	Of P	late)		V2/4	
V2/Q 4	VEHICLE ID	1	WANE MODEL											TOTALED \$						
К	NO. (VIN) TOWED TO	(VIN)							POLICY NO											
01	(	Comp	lete	this se	ection	for all in	njured	l pers	sons			Τ		OF BIRTH	1 Seat	2	3 Body	4 5	SEX	
(Complete a continuation report, if more than three were injured)  VEH. # NAME  ADDRESS  Seat Position   Eject   Body Region   Sev. Trans									ns. MF											
	LOCAL NO. MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.								
VEH. #	NAME ADDRESS																			
	LOCAL NO.		MEDI	CAL FACILITY I	NAME				EMS SEI	RVICE NA	ME				EMS RU	I N REP	DRT NO.			
VEH. #	NAME		1			ADDRESS			1										$\top$	
	LOCAL NO.	AL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.						

THE FOLLOW	ING INFORMATION IS REQUIRED F	OP ALL ACCIDENTS	•				
THE FOLLOW	INDICATE BY DIAGRAM WHAT HA	DDENED AGENCY	y case no. 047186				
(			<i>141</i> 100				
Indicate North							
by Arrow	POI:	3.7					
67'5"	POI: WW curb 45th	Ņ					
	S curb Sumner						
30 1	V 3 Curb Summer						
		Y					
<del> </del>							
21							
31'	2	(2)					
<u> </u>	Cuma a Ct						
44th St	Sumner St	45th St					
	Hit & Run						
DESC	RIPTION OF ACCIDENT BASED ON OFFICER'S	INVESTIGATION					
OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE.				
OBJECT DAMAGED  OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE				
l l	ADDRESS		PHONE				
NAME NAME	ADDRESS		PHONE				
BEFORE COLLISION MOST DAI	MAGED AREA AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS 1 0 VEH 2 0				
VEH NO. N S E W ROAD OR (Enter number	rs for each vehicle)		ALCOHOL Driver Driver Pedes- TESTING No. 1 No. 2 trian				
1 X Sumner VEHICLE 1	VEHICLE 2		ALCOHOL Y Y Y				
2 X Sumner POINT OF IMPACT 07	POINT OF IMPACT 03  1 Deployed - front 2 Deployed - side	1 None used - vehicle occupant 2 Lap & shoulder belt used	TESTED N X N X N				
1 10 06 Turning left DAMAGED AREA 07 Making U-turn	DAMAGED 03 3 Deployed - both front/side 4 Not deployed	3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	BAC LEVEL  Driver Driver No. 1 No. 2				
2 04 08 Entering	5 Not applicable/ No airbag available	6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	DRUGS 5 5				
01 Essentially 09 Leaving 09 Top & windows straight ahead traffic lane	- Onknown	9 Restraint use unknown  VEHICLE 2	Neither alcohol nor drugs suspected				
03 Changing lanes 11 Slowing or 11 Total (all areas)	01 - 05 VEHICLE 2		2 Yes - alcohol suspected 3 Yes - drugs suspected				
04 Overtaking/ stopped in traffic Passing 12 Other	08   07   06   -		4 Yes - alcohol & drugs suspected 5 Unknown				
05 Turning right 13 Unknown OFFICER NO. TROOP/	DEPARTMENT		Photographs YES				
643  INVESTIGATOR NAME (Print or Type)	Lincoln Police Departme	ent	taken?				
Mark Fluitt	Approved by Mark Fluitt		DATE OF 05/29/2016				